DEPARTMENT OF HEALTH AND H PRINTED: 08/05/2011 AN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING COMPLETED B. WING 445047 08/03/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 306 W DUE WEST AVE IMPERIAL GARDENS HEALTH AND REHABILITATION MADISON, TN 37115 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 000 Without admitting or denying the F 000 | INITIAL COMMENTS F 000 citations rendered, Imperial Gardens Health and Rehabilitation alleges it will be in During the annual Recertification survey and compliance with all deficiencies by the end complaint investigation of #28481 conducted on of the day on September 6, 2011. August 1 to 3, 2011, at Imperial Gardens Health and Rehabilitation, deficiencies were cited in F 157 relation to the complaint under 42 CFR PART Imperial Gardens will notify appropriate 482.13, Requirements for Long Term Care. parties when residents condition warrants F 157 483.10(b)(11) NOTIFY OF CHANGES notification. F 157 SS=D (INJURY/DECLINE/ROOM, ETC) On July 27, 2011 the DON and ADON met A facility must immediately inform the resident; with the family of resident # 29 and consult with the resident's physician; and if discussed in detail the status of the resident's known, notify the resident's legal representative condition. Both the DON and ADON or an interested family member when there is an informed the daughter that the wound had accident involving the resident which results in not made a significant change until the injury and has the potential for requiring physician morning that she had seen the resident. The intervention; a significant change in the resident's ADON spoke with the Hospice nurse on physical, mental, or psychosocial status (i.e., a July 27, 2011 and she assessed the wound deterioration in health, mental, or psychosocial on July 28, 2011 and spoke with her asking status in either life threatening conditions or her to talk with the family regarding the clinical complications); a need to alter treatment wound since she had been following its significantly (i.e., a need to discontinue an status and had not seen the dramatic change existing form of treatment due to adverse either until July 28, 2011. consequences, or to commence a new form of treatment); or a decision to transfer or discharge After the initial visit with the daughter, the the resident from the facility as specified in ADON met with the family every day to §483.12(a). ensure that they were satisfied with the care being provided to the resident. The facility must also promptly notify the resident and, if known, the resident's legal representative Resident # 29 expired on 8/7/2011. or interested family member when there is a change in room or roommate assignment as The ADON spoke with the wound care specified in §483.15(e)(2); or a change in nurse on August 16, 2011 and reviewed all resident rights under Federal or State law or residents with wounds to ensure there were regulations as specified in paragraph (b)(1) of no further issues of wounds showing signs this section. of worsening. The ADON issued a written warning on August 16, 2011 to the wound The facility must record and periodically update nurse for failure to notify the family of the DIRECTOR'S OR PROVIDER/SUPPLIER REPRÉSENTATIVE'S SIGNATURE TITLE (X6) DATE

Any deficiency statement ending with an isterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 program participation.

DEPARTMENT OF HEALTH AND H PRINTED: 08/05/2011 IN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 445047 08/03/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 306 W DUE WEST AVE IMPERIAL GARDENS HEALTH AND REHABILITATION MADISON, TN 37115 SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETION CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) change in the wound for resident # 29 the Continued From page 1 F 157 morning in question. (Attachment 1) the address and phone number of the resident's legal representative or interested family member. Residents with any changes in condition have a potential to be effected. This REQUIREMENT is not met as evidenced Beginning on August 16, 2011, all team by: leader nurses were in-serviced by IDON, an Based on medical record review and interview. LPN, and Nurse Educator regarding the facility failed to notify a family of a change in notification to appropriate parties when a resident condition for one (#29) of twenty-nine resident has a change in condition This residents reviewed. began the one hundred percent education to all licensed nursing staff. The education The findings included: was completed with all licensed staff on August 22, 2011 Medical record review revealed resident #29 was New or returning licensed staff members admitted to the facility on December 19, 2008, including licensed agency staff will receive with diagnoses to include Diabetes Mellitus, education on notification to appropriate Hypertension, Congestive Heart Failure, parties when a resident has a change in Dementia, Atrial Fibrillation, and Pacemaker condition prior to working on the units by insertion. the Nurse Educator, IDON or designee. Review of the Minimum Data Set dated July 3, The IDON or designee reviews the 24 hour 2011, revealed the resident required total report daily. This report identifies residents assistance with transfers, dressing, bathing; had who have a change in condition or treatment to be fed by staff; was incontinent of bowel; had a based on physician orders. The IDON or urinary catheter in place; and had a stage II designee will review daily to assure pressure ulcer. appropriate parties are notified in a timely manner when such notification is warranted. Medical record review of nursing notes dated May 'fhe 24 hour report is automatically 14, 2011, revealed "In House Acquired Pressure generated from the Electronic Charting Ulcer stage 2 coccyx; healed, treatment System (ECS), discontinued". Continued medical record review of nursing notes dated May 21, 2011, revealed Additionally, the IDON or designee reviews "Informed Wound Care Nurse resident has skin changes in resident condition or treatment in breakdown on lower back/coccyx area. It is in the stand up meetings with the Team Leaders area of prior wound". Review of nursing notes and other members of the IDT (i.e. therapy, dated June 2, 2011, revealed the pressure ulcer social service, wound nurse). These daily on the coccyx was "... stage II and measured 2 meetings discuss residents with changes in cm (centimeters) x 1 cm x < (less than) 1/8 cm

Fax No. :6158650321 Sep. 02 2011 11:43PM P 5 DEPARTMENT OF HEALTH AND I PRINTED: 08/05/2011 AN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED B. WING 445047 NAME OF PROVIDER OR SUPPLIER 08/03/2011 STREET ADDRESS, CITY, STATE, ZIP CODE IMPERIAL GARDENS HEALTH AND REHABILITATION 306 W DUE WEST AVE MADISON, TN 37115 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X5) COMPLETION PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE DEFICIENCY F 157 | Continued From page 2 condition or treatment. If an appropriate F 157 party has not been informed of the change in with serosanguinous (bloody) drainage and condition or treatment, the IDON, Team irregular wound edges"... Leader Nurse or designee follows up with the appropriate parties immediately, Medical record review of physician's telephone orders dated May 30, 2011, revealed "Cleanse The IDON or designee tracks and trends wound to coccyx with wound cleanser; pat dry these results and reviews the overall with 4x4 gauze; cover with hydrocolloid dressing; effectiveness of the system. The results of change every 5 days and as needed until this tracking and trending are presented to resolved". Continued review of physician's orders the QI Team composed of the Medical dated June 2, 2011, revealed "Cleanse wound to Director, DON, ADON, Administrator, coccyx with wound cleanser; apply transparent film or thin foam dressing; change every 3 days Restorative Nurse, MDS Nurse, Therapy: Manager, Dining and as needed for 14 days then reassess". Manager, Activity Manager, Nurse Educator, Medical Records and Human Resources Manager at the QI Medical record review of nursing notes dated meetings held monthly but no less than June 15, 2011, revealed the pressure ulcer on the coccyx measured 6.5 cm x 4 cm x <1/8 cm and quarterly. had serous drainage. Continued medical record review of nursing notes dated June 22, 2011, revealed the pressure ulcer on the coccyx measures 4.5 cm x 6 cm x <1/8 cm with serous drainage. Continued medical record review of nursing notes dated July 5, 2011, revealed the pressure ulcer on the coccyx measured 2 cm x 6 cm x 1/8 cm with serosanguinous drainage; had 5% slough, 5% epithelization, and 90% granulation.

FORM CMS-2567(02-99) Previous Versions Obsolete

as needed".

Medical record review of physician's orders dated July 5, 2011, revealed "Cleanse wound with wound cleanser; apply Solosite gel to wound bed and cover with foam dressing. Change daily and

Medical record review of nursing notes dated July 26, 2011, revealed "Call Placed To Attending physician regarding increased wound drainage. New orders received and noted". Further medical

Event ID: 125O11

Facility ID: TN1912

If continuation sheet Page 3 of 30

DEPARTMENT OF HEALTH AND H. .AN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	A.c.			OIVIB NO	<i>).</i> 0938-0391
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NAME OF	PROVIDER OR SUPPLIER					08/	03/2011
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	saturation. Area cle done per order". Medical record revi July 27, 2011, reve coccyx with wound alginate to wound be change three times and 1:00 a.m.". Cor orders dated July 2 wound to coccyx wit calcium alginate to dressing; Change to 3:00 p.m.". Medical record revie coccyx measured 3 serous drainage; de ulcer; and had sloug Medical record revien to documentation to documentation in the president's coccyx. Interview with the D Assistant Director of 2011, at 9:15 a.m., if the ADON is a Certi Continued interview wound on July 25, 2 and was not deep. Fresident had " poor cocky in the process of the cord in the president of the president had " poor cocky."	arge 3 Irsing notes dated July 26, dressing removed due to eansed and wound treatment ew of physician's orders dated aled "Cleanse wound to cleanser. Apply calcium red. Apply foam dressing, and at 9:00 a.m., 5:00 p.m., attinued review of physician's 8, 2011, revealed "Cleanse th wound cleanser. Apply wound bed. Apply foam wice a day at 7:00 a.m., and ew of nursing notes dated realed pressure ulcer to 1.5 cm x 4 cm x 1/2 cm; had seep purple to area surrounding gh in the base of the wound". The work of nursing notes revealed the family was notified of the pressure ulcer on the sirector of Nursing (DON) and for Nursing (ADON) on June 3, in the DON's office revealed the ADON saw the 1011, which had no drainage revealed the ADON saw the 1011, which had no drainage further interview revealed the sis of exudate under the skin ernight so the wound became	F	157	DEFICIENCY)		
!	a crater by the next	morning".		:		1	

DEPARTMENT OF HEALTH AND havian SERVICES
CENTERS FOR MEDICARE & MEDICARD SERVICES

STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(٧0)	U TIDI 6 A	OWR NO	<u>. 0938-0391</u>
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUIL	JLTIPLE CONSTRUCTION _DING	(X3) DATE S	
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NAME OF F	ROVIDER OR SUPPLIER				08/0	3/2011
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F 157	daughter was told t	ge 4 ith the DON revealed the he only thing the facility failed family when the wound	F 1	57		
	the family was not r	ntinued interview confirmed notified of the deterioration in essure ulcer on the resident's				
F 176 \$S=D	An individual reside the interdisciplinary §483.20(d)(2)(ii), ha	T SELF-ADMINISTED	F 1	F 176 Imperial Gardens Health and R will assess residents for self-ac of medication and only thos assessed as able to self medications will be permitted to	ministration e who are	
	This REQUIREMENty: Based on medical reacility policy review failed to assess for medications for one residents reviewed. The findings include Resident #28 was a September 8, 2008, Chronic Obstructive Vascular Dementia, Failure.	record review, observation, and interview, the facility self-administration of (#28) of twenty-nine d: dmitted to the facility on with diagnoses including Pulmonary Disease, and Congestive Heart ew of the Minimum Data Set 1, 2011, revealed the resident		The IDON spoke with the physician on August 3, 2011 resident # 28 being left unattend nebulizer treatment running. A error report was initiated by immediately on August 3, 20 physician determined the residen further intervention, and stated the medication with the next treatment. No adverse outed noted by the staff or the physician who administered the nebulizer to resident # 28 regarding adversariatory treatments and stayin resident until respiratory treatments and stayin resident until respiratory treat completed. The written instruprovided to the LPN by the August 16, 2011.	attending regarding led with his medication the IDON 011. The t needed no to continue scheduled omes were 0.00N gave to the LPN reatment to ministering g with the ments are	

DEPARTMENT OF HEALTH AND H PRINTED: 08/05/2011 **N SERVICES** FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING COMPLETED B. WING 445047 NAME OF PROVIDER OR SUPPLIER 08/03/2011 STREET ADDRESS, CITY, STATE, ZIP CODE IMPERIAL GARDENS HEALTH AND REHABILITATION 306 W DUE WEST AVE MADISON, TN 37115 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID 10 PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) Resident # 28 is has his medication F 176 | Continued From page 5 F 176 administered by the nurse. Medical record review of the physician's orders Beginning August 16, 2011, all team leader dated August 2011, revealed "...(DuoNeb) nurses were in-serviced by IDON, an LPN, Ipratropium-Albuterol (bronchodilators) 0.5 mg and Nurse Educator regarding appropriate (milligrams)/3ml (milliliter) 0-2.5(3)mg/3 ml medication passage including respiratory solution inhalation via nebulizer bid (two times a treatments. This in-service included policy day)...for chronic bronchitis..." and procedures related to self administration of medications. This began the one hundred Medical record review revealed no documentation percent education to all licensed nursing the resident had been assessed for staff. The education was completed with all self-administration of medications. licensed staff on August 22, 2011. New or returning licensed staff members including Observation on August 3, 2011, from 9:06 a.m., licensed agency staff will receive education until 9:18 a.m., revealed the resident asleep in a on medication pass including respiratory recliner, with the feet elevated. Continued treatments prior to working on the units by observation revealed a nebulizer mask was the Nurse Educator, IDON or designee. located on the resident's face. Continued observation revealed the top of the nebulizer Additionally, medication pass audits are mask was approximately one inch above the being conducted weekly on licensed nursing evebrows, and the bottom of the mask was in the staff including licensed nursing agency staff resident's mouth. Continued observation by the IDON, Nurse Educator and RN Team revealed no staff member was present on the Leaders. This audit tool was revised in hallway of the resident's room. April, 2011 and weekly audits began on August 8, 2011. These audits check to Observation on August 3, 2011, at 9:18 a.m. assure residents receive their medications revealed Licensed Practical Nurse (LPN) #7 appropriately. If an error is found it is entered the resident's room, and removed the corrected immediately by the person nebulizer mask. Interview with LPN #7, at the time of the observation revealed LPN #7 had not completing the audit. (Attachment 3) applied the nebulizer mask on the resident. The results of medication pass audits are Continued interview revealed LPN #8 was given to the IDON. The IDON or designee responsible for applying the nebulizer treatment then tracks and trends these results and and mask to the resident. reviews the overall effectiveness of the system. The results of this tracking and Interview on August 3, 2011, at 9:20 a.m., with trending are presented to the QI Team LPN #8, on a different hallway, revealed the composed of the Medical Director, DON, nebulizer treatment had been placed on the

resident approximately 20-25 minutes earlier.

ADON. Administrator, Restorative Nurse,

MDS Nurse, Therapy Manager, Dining

DEPARTMENT OF HEALTH AND HU. IN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

CTATELLE		A MEDICAID SERVICES			OMB NO	. 0938-0391
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125	PROVIDER OR SUPPLIER AL GARDENS HEALT	H AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP (306 W DUE WEST AVE MADISON, TN 37115		3/2011
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F 176	unaware if the resiself-administration Review of the facil of Medications revidesires to self-admited to do so if the facil assessed the residents.	w revealed LPN #8 was dent had been assessed for of medications. ity's policy Self-Administration ealed "Each resident who ninister medication is permitted ity's interdisciplinary team had dent and determined that this the resident and other	F1	Manager, Activity Ma Educator, Medical Record Resources Manager at the C monthly but no less than qua	Of meetings held	
F 221 SS=D	the Quality Improv Admissions office, been assessed for medications. 483.13(a) RIGHT PHYSICAL RESTR The resident has ti physical restraints discipline or conve	st 3, 2011, at 9:25 a.m., with ement Coordinator, in the confirmed the resident had not self-administration of TO BE FREE FROM RAINTS The right to be free from any imposed for purposes of nience, and not required to medical symptoms.	F 22	F 221 Residents will be assesse prior to use by the licensed of A restraint assessment on recompleted by the licensed of 13, 2011 to determine the wheelchair self-release (Attachment 4)	esident # 12 was	
	Based on medical facility policy, obse facility failed to ass for one (#12) reside reviewed.	record review, review of the rvation, and interview, the ess for the use of a restraint ent of twenty-nine residents		Beginning August 8, 2011 printing placed on a resident designee must be notified, designee will review information pre-restraint assessment is warranted and a physician prior to giving permission from the placed on a resident.	t the IDON or The IDON or ation to assure a conducted, is order is written	
	The findings includ Resident #12 was a January 15, 2010,	ed: admitted to the facility on with diagnoses including Major		Beginning on August 16, leader nurses were in-se IDON, and LPN and the regarding pre-restraint asses	orviced by the Nurse Educator	

DEPARTMENT OF HEALTH AND H **AN SERVICES** PRINTED: 08/05/2011 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED B. WING 445047 NAME OF PROVIDER OR SUPPLIER 08/03/2011 STREET ADDRESS, CITY, STATE, ZIP CODE IMPERIAL GARDENS HEALTH AND REHABILITATION 306 W DUE WEST AVE MADISON, TN 37115 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE TAG COMPLETION TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) using a restraint. F 221 Continued From page 7 The education was F 221 completed with all licensed staff on August Depressive Disorder, Hypertension, 22, 2011. New or returning licensed staff Arteriosclerotic Dementia, and Cerebrovascular members including licensed agency staff Accident. will receive education on pre-restraint assessments. Medical record review of a physician's order dated February 16, 2011, revealed "... Self Release wheelchair belt with alarm..." Residents with existing restraints are identified by the Restraints/Physical forms Medical record review of a Rehab Screen dated generated from ECS. This form shows all February 16, 2011, revealed, "Type of residents using physical restraints or Screen...Fall...observed for transitions, transfers, assistive devices. The Team Leader Nurse and beit buckle detachment. Pt. (patient) was pulls this report form daily and conducts unable to push the unlocking mechanism on the belt in order to release self from w/c (wheelchair) visual checks throughout the day to assure appropriate restraints or assistive device are after multiple tries. Pt. could not follow verbal on and in working order. Additionally, the instruction and was unable to place finger on Team Leader Nurse reviews all residents appropriate area in order to release the belt...The visually on a daily basis to assure restraints application of a belt buckle currently meets the are not used on a resident without a definition of a restraint due to pt cognitive status...Therapy not recommended at this time..." physician order. This Restraint/Physical form is given to the IDON or designee daily Review of the facility policy, Physical Restraints, by the RN/LPN. revealed, "...a Pre-Restraint Assessment will be Additionally, the IDON or designee reviews completed to determine the least restrictive the 24 hour report, which pulls all new measures..." physician orders regarding restraints from Medical record review revealed no pre-restraint the ECS to the report. The IDON or assessment had been completed for the self designee reviews all new physician orders for restraints. This is a double check to release wheelchair belt with alarm. assure they have been called prior to the Observation on August 1, 2011, at 1:15 p.m., restraint being placed on the resident. revealed the resident seated in a wheelchair, in the resident's room, with a self release belt alarm The results of the restraint audits are given to the IDON or designee The IDON or in place. designce then tracks and trends these results and reviews the overall effectiveness of the Interview on August 3, 2011, at 9:50 a.m., with the Assistant Director of Nursing, in the Director system. The results of this tracking and

of Nursing office, confirmed a pre-restraint

trending are presented to the QI Team

DEPARTMENT OF HEALTH AND HOUSE SERVICES

		& MEDICAID SERVICES			OMB NO.	0938-0391
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F 221 F 280 SS=D	assessment had not of the self release of 483.20(d)(3), 483.1 PARTICIPATE PLATE PLAT	ot been completed for the use wheelchair belt with alarm. O(k)(2) RIGHT TO ANNING CARE-REVISE CP The right, unless adjudged servise found to be revise found to be revise found to be rethe laws of the State, to ing care and treatment or different or different or different of the completion of the sessment; prepared by an im, that includes the attending red nurse with responsibility different of the resident's needs, racticable, the participation of sident's family or the resident's and periodically reviewed.	F 221	MDS Nurse, Therapy Manager Manager, Activity Manager	ive Nurse, or, Dining or, Nurse of Human etings held or the care plans ovas revised reflect that himent 6) elf-release The order waist belt on July 20, ong a self-to get out.	
	This REQUIREMENT by: Based on medical and interview, the faplan for two (#9, #2) reviewed. The findings include Resident #9 was as	am of qualified persons after IT is not met as evidenced record review, observation, acility falled to revise the care 9) of twenty-nine residents ed: dmitted to the facility on 3, with diagnoses including		belt was replaced. According to the nurses' notes rechas not experienced a fall since release belt was in place on August. The plan of care for resident # 29 revised and the LPN MDS nucounseled on August 6, 2011 by the resident expired on August (Attachment 7)	sident # 9 the self- 2, 2011. was not urse was	

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SI COMPLE	
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NAME OF PROVIDER OR SUPPLIER IMPERIAL GARDENS HEALTI	H AND REHABILITATION	3	REET ADDRESS, CITY, STATE, ZIP C 06 W DUE WEST AVE MADISON, TN 37115		3/2011
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Medical record revidated June 8, 2011 high risk for falls. Medical record revidated February 14, (discontinue) Hospidated July 11, 2011 Trial of self-release (wheelchair) D/T (dunassisted transfer Medical record revion July 13, 2011, repatient collaborate concerns and problemaist belt in place in Observation on Augrevealed the resident's room, wheelchair belt in place Interview on August Licensed Practical I admissions office, cont revised to disco	ew of the fall risk assessment, revealed the resident was at ew of a physician's order 2011, revealed "D/C ce Care per family request." ew of a physician's order, revealed "D/C soft waist belt. belt when in W/C ue to) unsteadiness and attempts" ew of the Care Plan reviewed evealed "Resident is a hospice with hospice staff with emsResident to have soft in w/c" gust 2, 2011, at 8:15 a.m., in seated in a wheelchair, in without the self-release lace.	F 280	Beginning August 16, 2011, nurses were in-serviced by I and Nurse Educator regarding plan of care to meet current. This began the one has education to all licensed nure ducation was completed with staff on August 22, 2011. In licensed staff members incompleted agency staff will receive updating the plan of care resident needs prior to work by the Nurse Educator, IDON. The MDS nurse will review plans of care and make changeresidents current condition. August 18, 2011. Thereafter, resident plans of updated by the Team Leader MDS nurses no less than quanty change that warrants a their current plan of care. The RN/LPN will visually resident daily for any change and will report such changes designee daily. The MDS nurse will review the 24 hour report all new physician orders, for changes daily. The RN/L Nurse will review these auch the resident plan of care according to the resident plan of care accordin	DON, an LPN, and updating the resident needs. Indred percent using staff. The pith all licensed lew or returning luding licensed education on to meet current ing on the units. Nor designee. We all resident's gest to reflect the no later than of care will be arterly and with new change in the incondition to the IDON or are or designee to the incondition to the IDON or are or designee to the incondition to the IDON or are or designee to the incondition to the IDON or are or designee to the incondition to the IDON or are or designee to the incondition to the IDON or are or designee to the incondition to the IDON or are or designee to the incondition to	

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMEN	T OF DEFICIENCIES	(V4) PROMPERIORE			OWR NO	<u>. 0938-0391</u>
AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.	A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE S	
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VA - VENEZER EN 25 A. D.	PROVIDER OR SUPPLIER	H AND REHABILITATION	3	REET ADDRESS, CITY, STATE, ZIP CODE 66 W DUE WEST AVE MADISON, TN 37115	1 08/0	3/2011
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	admitted to the fact with diagnoses to in Hypertension, Con Dementia, Atrial Fillnsertion. Review of July 3, 2011, reveal assistance with trait to be fed by staff; with urinary catheter in pressure ulcer. Medical record revealed. Ulcer stage 2 coccidiscontinued. Con of nursing notes da "Informed Wound of breakdown on lower area of prior wound dated June 2, 2011 on the coccyx was cm (centimeters) x with serosanguinous irregular wound ed. Review of the nursing aptending and ordered. Monitor diagration. The nurupdated to reflect the pressure ulcer on the need to turn the research.	nclude Diabetes Mellitus, gestive Heart Failure, brillation, and Pacemaker of the Minimum Data Set dated aled the resident required total insfers, dressing, bathing; had was incontinent of bowel; had a place; and had a stage II liew of nursing notes dated May "In House Acquired Pressure yx; healed, treatment tinued medical record review ated May 21, 2011, revealed Care Nurse resident has skin er back/coccyx area. It is in the dressure ulcer " stage II and measured 2 1 cm x < (less than) 1/8 cm is (bloody) drainage and ges". In g care plan dated May 4, problem of "Impairment of ifested by "Protective care red buttocks and peri area" proaches of "Assess skin note any changes. Treat as et intake. Ensure adequate sing care plan had not been the reappearance of the ne coccyx; the treatment; the sident every two hours to keep and to keep the resident off	F 280	designee will assure plans of	IDON or f care are IDON or results and ess of the acking and Q1 Team ctor, DON, tive Nurse, cr, Dining er, Nurse and Human estings held	

DEPARTMENT OF HEALTH AND HU...AN SERVICES PRINTED: 08/05/2011 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 445047 NAME OF PROVIDER OR SUPPLIER 08/03/2011 STREET ADDRESS, CITY, STATE, ZIP CODE IMPERIAL GARDENS HEALTH AND REHABILITATION 306 W DUE WEST AVE MADISON, TN 37115 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL ID PREFIX (X5) COMPLETION DATE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 280 | Continued From page 11 F 280 Interview with the Director of Nursing (DON) on August 3, 2011, at 9:15 a.m. in the DON's office, confirmed the nursing care plan had not been updated. C/O TN 28481 F 281 483.20(k)(3)(i) SERVICES PROVIDED MEET F 281 F 281 Medications will be administered to resident SS=D PROFESSIONAL STANDARDS according to professional standards of care. The services provided or arranged by the facility Upon notification to Nursing Administration must meet professional standards of quality. by the survey team of the medication error, the (LPN # 6) nurse was immediately This REQUIREMENT is not met as evidenced removed from administering medications. She was placed on suspension by: Based on medical record review, facility policy pending a complete investigation. She was review, review of the Nursing Drug Handbook. terminated on August 8, 2011. observation, and interview, the facility failed to administering medications Nurses ensure licensed nursing staff appropriately residents # 6, #14 and #19 have been administer medications for two (#14, #19), and monitored by the Nurse Educator and designee during medication pass to assure failed to appropriately identify and check the heart rate for one (#6) of twenty-nine residents these residents are receiving medications appropriately. reviewed. Including checking the pulse rate for resident # 6 prior. The findings included: to administering Digoxin and identifying resident by picture identification prior to Resident #14 was admitted to the facility on administering medications per facility March 27, 2009, with diagnoses including protocol. Fractured Femur, Diabetes, Bronchitis, Hypertension, and Alzheimer's Disease. All residents receiving medications have the ability to be effected. Medical record review of the nursing notes dated May 5, 2011, at 8:04 a.m., revealed "Call placed On August 16, 2011, all team leader nurses to attending physician...regarding medication were in-serviced by IDON, an LPN, and error. This resident was given resident (resident Nurse Educator regarding appropriate #16's) medication. Result: no new orders." medication passage including resident identification and checking vital signs where

appropriate (i.e. Pulse before Digoxin) prior

Fax No. :6158650321 Sep. 02 2011 11:47PM P 15 DEPARTMENT OF HEALTH AND HULLAN SERVICES PRINTED: 08/05/2011 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 445047 NAME OF PROVIDER OR SUPPLIER 08/03/2011 STREET ADDRESS, CITY, STATE, ZIP CODE IMPERIAL GARDENS HEALTH AND REHABILITATION 306 W DUE WEST AVE MADISON, TN 37115 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETION DATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Continued From page 12 to the administration of medications. This F 281 Review of documentation provided by the facility, began the one hundred percent education to all licensed nursing staff. The education dated May 5, 2011, revealed Licensed Practical was completed with all licensed staff on Nurse (LPN) #1 administered following August 22, 2011. New or returning licensed. medications in error to resident #14: Namenda staff members including licensed agency (medication for treatment of dementia) 10 mg staff will receive education on medication (milligrams); Seroquel (antipsychotic) 25 mg; pass including resident identification and Metamucil (laxative, no dosage indicated); vitals prior to administering medications Miralax (laxative, no dosage noted); Aspirin 81 (where appropriate) prior to working on the mg; Calcium (no dosage noted); Colace (stool softener, no dosage noted); Estrace (estrogen, units by the Nurse Educator, IDON or no dosage noted); Vitamin E (no dosage noted); designee. and Decubivite (vitamin). Continued review of documentation provided by the facility revealed The Nurse Educator, IDON or designee will LPN #1 was being oriented/precepted by LPN #3, conduct medication audits during normal and LPN #3 had discovered the error by double medication pass times on RN/LPNs weekly X 4 then monthly X 3. If any errors are checking behind LPN #1. Review of a statement noted they will be corrected by the Nurse dated May 5, 2011, signed by LPN #1 revealed "I thought I was giving meds to a pt (patient) just Educator, IDON or designee immediately to seen by my preceptor." assure the resident does not get the incorrect medication. A medication error report will Review of the facility's policy Medication be initiated by the person conducting the Administration revealed "...Identification of the audit and the IDON or designee will be resident must be made prior to administering notified. medication to the resident by checking the ID (identification) bracelet and/or photo identification The results of the these audits are given to card in the MAR (Medication Administration the IDON or designee. The IDON or Record)..." designee tracks and trends these results and reviews the overall effectiveness of the Interview on August 1, 2011, at 2:45 p.m., with system and reviews the outcomes. The LPN #3, in the conference room, revealed LPN results of this tracking and trending are #1 was no longer employed by the facility. presented to the QI Team composed of the Continued interview revealed on May 5, 2011, Medical Director. DON. ADON. LPN #3 had instructed LPN #1 to administer Administrator, Restorative Nurse, MDS

resident #16's medications. Continued interview

revealed LPN #3 had exited resident #14's room

after checking the resident's vital signs, when

instructing LPN #1 to administer resident #16's

medications. Continued interview revealed LPN

than quarterly.

Nurse, Therapy Manager, Dining Manager,

Activity Manager, Nursc Educator, Medical

Records and Human Resources Manager at

the QI meetings held monthly but no less

DEPARTMENT OF HEALTH AND HU PRINTED: 08/05/2011 JN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB_NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B WING 445047 08/03/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 306 W DUE WEST AVE IMPERIAL GARDENS HEALTH AND REHABILITATION MADISON, TN 37115 SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Continued From page 13 F 281 #3 had continued to check vital signs on additional residents while LPN #1 administered the medications. Continued interview revealed shortly after instructing LPN #1 to administer the medications to resident #16, LPN #3 had observed LPN #1 exit resident #14's room. Continued interview revealed LPN #3 had spoken with LPN #1 as LPN #1 returned to the medication cart, and LPN #1 thought had administered the medications to resident #16. Continued interview revealed LPN #1 did not ask the resident's name prior to administering the medications, confirmed LPN #1 failed to correctly identify the resident prior to administering the medications, and confirmed resident #14 received resident #16's medications in error on May 5, 2011. Observation on August 2, 2011, at 7:25 a.m., revealed LPN #6 preparing to administer medications. Observation revealed LPN #6 stated was going to administer resident #6's medications, who received tube feedings and was in the B bed (bed next to the window). Continued observation revealed LPN #6 stated had been pulled from another unit to administer medications and was unfamiliar with the residents. Continued observation revealed LPN #6 crushed the following medications to administer through the feeding tube: Ocular vitamin; Decubivite (vitamin) 1 tablet; Sertraline (antidepressant) 50 mg: Hydrocodone-Acetaminophen 5 mg-500 mg (narcotic pain medication); and Digoxin (heart medication) 0.125 mg. Continued observation

revealed a computerized medication system and resident #6's picture was on the computer screen to identify the resident. Continued observation

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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IMPERIAL GARDENS HEALTH AND REHABILITATION SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 281 Continued From page 14 revealed LPN #6 entered the resident #27 (frommate of resident #27), located in the A bed, nearest to the door. Continued observation revealed LPN #6 did not check resident #27's identification band, located on the right wrist. Continued observation revealed LPN #6 interested LPN #6 interested the resident #27's gown, and resident #27 saked "What are you doing?" and LPN #6 returned to the medication cart and stated would have to ask the Registered Nurse what had happened to the resident's feeding tube. Interview on August 2, 2011, at 7:35 a.m., with LPN #6, in the hallway, confirmed the resident's roommate's identification band on the wrist was not checked, the picture identification on the computerized MAR had not been checked, and			445047	B. WING_		190	0310044
PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY) REGULATORY OR LSC IDENTIFYING INFORMATION) F 281 Continued From page 14 revealed LPN #6 entered the resident's room and went to the bedside of resident #27 (roommate of resident #27), located in the A bed, nearest to the door. Continued observation revealed LPN #6 did not check resident #27's identification band, located on the right wrist. Continued observation revealed LPN #6 filted resident #27's gown, and resident #27 asked "What are you doing?" and LPN #6 returned to the medication cart and stated would have to ask the Registered Nurse what had happened to the resident's feeding tube. Interview on August 2, 2011, at 7:35 a.m., with LPN #6, in the hallway, confirmed the resident's roommate's identification band on the wrist was not checked, the picture identification on the computerized MAR had not been checked, and			AND REHABILITATION	3	306 W DUE WEST AVE		03/2011
revealed LPN #6 entered the resident's room and went to the bedside of resident #27 (roommate of resident #6), located in the A bed, nearest to the door. Continued observation revealed the resident #27 had an identification band located on the right wrist. Continued observation revealed LPN #6 did not check resident #27's identification band, located on the right wrist. Continued observation revealed LPN #6 lifted resident #27's gown, and resident #27 asked "What are you doing?" and LPN #6 replied "I'm looking for your feeding tube." Continued observation revealed the resident did not have a feeding tube, and LPN #6 returned to the medication cart and stated would have to ask the Registered Nurse what had happened to the resident's feeding tube. Interview on August 2, 2011, at 7:35 a.m., with LPN #6, in the hallway, confirmed the resident's roommate's identification band on the wrist was not checked, the picture identification on the computerized MAR had not been checked, and	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED by cold	ID PREFIX	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A	SHOULD BE	COMPLETION
residents prior to medication administration had not been followed. Observation on August 2, 2011, at 7:52 a.m., revealed LPN #6 administering medications to resident #6. Continued observation revealed LPN #6 administered Digoxin (medication to treat heart failure and irregular heart rhythms) 0.125 mg, through a feeding tube, to the resident, without checking the resident's heart rate/pulse prior to administration of the medication. Continued observation revealed LPN #6, flushed the resident's feeding tube after administering the medication, applied antibiotic ointment to the		revealed LPN #6 er went to the bedside resident #6), located door. Continued observation revealed pown, and resident doing?" and LPN #6 feeding tube." Continued to the resident did not #6 returned to the resident doing?" and LPN #6 feeding tube." Continued to the resident did not #6 returned to the resident did not #6 returned to the resident did not happened to the resident feeding tube. Interview on August LPN #6, in the hallw roommate's identification of checked, the pictor computerized MAR confirmed the facility residents prior to menot been followed. Observation on August Continued administered Digheart failure and irremg, through a feeding without checking the prior to administratio Continued observation on Continued observation of the prior to administratio Continued observation on the prior to administratio Continued observation on the prior to administratio Continued observation on the prior to administratio Continued observation of the prior to administration Continued observation of the prior to the p	of resident #27 (roommate of d in the A bed, nearest to the eservation revealed the didentification band located on inued observation revealed ck resident #27's identification eright wrist. Continued d LPN #6 lifted resident #27's #27 asked "What are you is replied "I'm looking for your inued observation revealed have a feeding tube, and LPN redication cart and stated have a feeding tube. 2, 2011, at 7:35 a.m., with any, confirmed the resident's retire identification on the had not been checked, and redication administration had redication administration had sust 2, 2011, at 7:52 a.m., ministering medications to need observation revealed LPN resident, resident's heart rate/pulse in of the medication.	F 281			

DEPARTMENT OF HEALTH AND HU AN SERVICES PRINTED: 08/05/2011 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING COMPLETED B. WING 445047 NAME OF PROVIDER OR SUPPLIER 08/03/2011 STREET ADDRESS, CITY, STATE, ZIP CODE IMPERIAL GARDENS HEALTH AND REHABILITATION 306 W DUE WEST AVE MADISON, TN 37115 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION PREFIX (X5) COMPLETION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR I.SC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 281 | Continued From page 15 F 281 resident's pulse. Interview with LPN #6, at the time of the observation revealed resident #6's pulse rate was seventy-eight. Review of the Nursing 2008 Drug Handbook revealed "...digoxin...before giving drug, take apical-radial pulse for 1 minute. Record and notify prescriber of significant changes...Excessively slow pulse rate (60 beats/minute or less) may be a sign of digitalis toxicity. Withhold drug and notify prescriber..." Interview on August 2, 2011, at 8:15 a.m., with LPN #6, in the resident's room, revealed the pulse was to be checked prior to the administration of Digoxin. Continued interview revealed if the heart rate was below sixty the Digoxin was not to be administered, and confirmed the resident's pulse was not checked prior to the administration of Digoxin. Medical record review revealed resident #19 was admitted to the facility on January 23, 2007 and readmitted on November 26, 2010, with diagnoses to include Atrial Fibrillation, Systolic Heart Failure, Hypertension, Failure to Thrive, Osteoporosis, Osteoarthritis, and Dementia. Review of the Minimum Data Set (MDS) dated June 9, 2011, revealed the resident scored 15 on the BIMS (Brief Interview for Mental Status) with a score of 15 signifying the resident was cognitively intact. Medical record review revealed resident #20 was admitted to the facility on October 6, 2010, with diagnoses to include Cerebrovascular Accident,

Patient Foramen Ovale, Hypertension, Osteoarthritis, Left Hemiplegia, and Dementia.

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 08/05/2011 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 445047 NAME OF PROVIDER OR SUPPLIER 08/03/2011 STREET ADDRESS, CITY, STATE, ZIP CODE IMPERIAL GARDENS HEALTH AND REHABILITATION 306 W DUE WEST AVE MADISON, TN 37115 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID D PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION DATE PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Continued From page 16 F 281 Review of the MDS dated July 12, 2011, revealed the resident scored a 14 on the BIMS. Review of a facility investigation of an incident occurring May 15, 2011, revealed a medication error had occurred. Continued review revealed the incident occurred in the dining room where the LPN called the name of resident #20 but resident #19 answered. Further review revealed the LPN "showed the med (medicine) cup with ... (named resident #20) name and room # (number) on it. (Resident #19)... asked what the med was, I told ... and ... took it. Then ... (named Certified Nursing Assistant) told me that wasn't ... (named resident #20). I thought they looked similar", Continued review of the investigation report revealed the medication administered was Verapamil (antihypertensive, control of angina).

Continued review of the investigation report revealed the Director of Nursing (DON) classified the medication incident as "Incorrect Patient" and the cause of the medication incident to be "Patient not identified".

Medical record review of nursing notes for resident #19 dated March 15, 2011, revealed "Call placed to Nurse Practitioner regarding medication incident. New orders received and noted. Hold 1700 (5:00 p.m.) doses of Coreg (antihypertensive, congestive heart failure) and BiDil. Check bp (blood pressure) q2h (every two hours) until 7:00 a.m. May 16, 2011.

Interview with the Director of Nursing (DON) on August 2, 2011, at 2:30 p.m., in the conference room revealed the LPN involved in the incident was no longer employed by the facility. Continued

From :VHNGUHRD_IMPERIAL-MANUR Fax No. :6158650321 Sep. 02 2011 11:49PM P 20 DEPARTMENT OF HEALTH AND HL PRINTED: 08/05/2011 **N SERVICES** FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 445047 NAME OF PROVIDER OR SUPPLIER 08/03/2011 STREET ADDRESS, CITY, STATE, ZIP CODE IMPERIAL GARDENS HEALTH AND REHABILITATION 306 W DUE WEST AVE MADISON, TN 37115 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (XS) COMPLETION (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 281 | Continued From page 17 F 281 interview revealed the DON confirmed medication intended for resident #20 was administered to resident #19. F 282 F 282 483.20(k)(3)(ii) SERVICES BY QUALIFIED F 282 Care Plans will be implemented and SS=D PERSONS/PER CARE PLAN followed. The services provided or arranged by the facility Imperial Gardens has 4 residents receiving must be provided by qualified persons in dialysis. Pre and post dialysis assessments: accordance with each resident's written plan of were completed by the RN/LPN per facility care. protocol on dialysis residents on August 2, 2011. This REQUIREMENT is not met as evidenced The dialysis protocol was reviewed and revised on August 4, 2011 by the IDON. Based on medical record review, review of the This protocol includes obtaining vital signs facility policy, and interview, the facility failed to before and after dialysis and to assess the implement the care plan for one (#15) resident of twenty-nine residents reviewed.

The findings included:

Resident #15 was admitted to the facility on November 16, 2010, with diagnoses including Diabetes, Bipolar Affective Disorder, and End Stage Renal Disease.

Medical record review of the care plan dated May 25, 2011, revealed, "...vs (vital signs) before and after dialysis Monitor venous access for bleeding immediately after patient returns from dialysis...

Medical record review of the nurse's notes dated July 7, 12, 16, 21, 26, and 30, 2011, revealed no documentation of complete vital signs, or dialysis access site condition.

Review of the facility policy, Renal Dialysis Documentation, revealed, "... Documentation will access site for bleeding, pain, edema and a "thrill".

Imperial Gardens currently has four residents on dialysis. Pre and post dialysis assessments were completed per facility protocol on dialysis residents by the RN/LPN. This practice will be ongoing when the resident goes to or arrives from dialysis. (Attachment 8)

Beginning August 16, 2011, all team leader nurses were in-serviced by IDON, an LPN, and Nurse Educator regarding the dialysis protocol including taking complete vitals pre and post dialysis and checking the access site for bleeding, pain, edema and a "thrill". This began the one hundred percent education to all licensed nursing staff. The education was completed with all licensed staff on August 30, 2011. New or returning licensed staff members including licensed

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F 315	Interview on August conference room, 1/43, confirmed there complete vital sign dialysis access site 483.25(d) NO CAT RESTORE BLADD Based on the resident who entersident who entersident's clinical coatheterization was who is incontinent of treatment and servinfections and to resident."	it 3, 2011, at 9:20 a.m., in the with Registered Nurse (RN) a was no documentation that is and assessment of the had been completed. HETER, PREVENT UTI, ER ent's comprehensive cility must ensure that a is the facility without an is not catheterized unless the condition demonstrates that in necessary; and a resident of bladder receives appropriate ices to prevent urinary tract store as much normal bladder		315	units by the Nurse Educator, designee. (Attachment 9) The RN/LPN will be monitored by Leaders daily for residents goin from dialysis to assure complete vare obtained and the access site is prior to and upon returning from The results of these audits will be I to the IDON or designee on the resident goes to dialysis. (Attachm The IDON or designee tracks are these results and reviews the effectiveness of the system and revolutiones. The results of this tractrending are presented to the Composed of the Medical Directed ADON, Administrator, Restorativ MDS Nurse, Therapy Manager, Manager, Activity Manager,	the Team g to and vital signs s assessed dialysis. forwarded days the cut 5) and trends overall views the cking and OI Team or, DON, e Nurse, Dining Nurse	2
	Based on medical facility policy review failed to assess bla #5) of twenty-nine r The findings include Resident #3 was ac 21, 2011, with diagram Hypertension, Dem	NT is not met as evidenced record review, observation, and interview the facility dder retraining for two (#3 and esidents reviewed.	8		Educator, Medical Records and Resources Manager at the QI meet monthly but no less than quarterly. F 315 Residents will receive appropriate tand services to restore as much bladder function as possible. A bladder assessment was compresident # 3 and # 5 by the RN Tear on August 13, 2011. (Attachment 11) All residents have the ability to be experienced.	reatment normal leted on n Leader t 10 and	

DEPARTMENT OF HEALTH AND HU PRINTED: 08/05/2011 N SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 445047 08/03/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 306 W DUE WEST AVE IMPERIAL GARDENS HEALTH AND REHABILITATION MADISON, TN 37115 SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETION DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) On August 16, 2011, all team leader nurses F 315 | Continued From page 19 F 315 were in-serviced by IDON, an LPN, and required moderate assistance with decision Nurse Educator regarding obtaining bladder making, had short term memory problems, assessments. This began the one hundred required moderate assistance with transfers, and percent education to all licensed nursing was frequently incontinent of bladder. staff. The education was completed with all licensed staff on August 30, 2011. New or Observation and interview on August 1, 2011, at returning licensed staff members including 8:15 a.m., revealed the resident sitting in a wheel licensed agency staff will receive education chair, in the resident's room, watching the on the bladder assessments prior to working television. Interview, at that time, revealed the on the units by the Nurse Educator, IDON or resident was alert and oriented to the date and designee. time. Residents will have a bladder assessment Review of the facility's Incontinence Management completed on admission and with a change Policy revealed, "...A Urinary Assessment will be in condition by a licensed nurse. performed on all residents at the time of completion of bladder assessments will be admission or whenever there is a change in monitored by the Nurse Educator, Team cognition..." Leaders and/or IDON or designee when assessments are due (on new admissions, Medical record review revealed no documentation with a change in condition), the Bladder Assessment had been completed. The RN/LPN also conducts visual checks on Interview with the Team Leader (Nurse Manager) residents throughout the day and works with on the West Hall, on August 2, 2011, at 11:00 the nursing assistants reviewing their a.m., at the nursing station, confirmed the voiding patterns. resident had not been assessed for bladder The Team Leader oversees this process daily. retraining. Results of bladder assessments are reviewed Resident #5 was admitted to the facility on May by the Team Leaders and appropriate 16, 2011, with diagnoses including Congestive interventions are implemented per physician Heart Failure, Atrial Fibrillation, Osteoarthritis, orders or per facility protocol. and Cellulitus of the Leg. The IDON or designee tracks and trends Medical record review of the Minimum Data Set these results and reviews the overall dated July 13, 2011, revealed the resident effectiveness of the system and reviews the required no assistance with decision making, had outcomes. The results of this tracking and

incontinent of bladder.

no memory problems, required moderate

assistance with transfers, and was occasionally

trending are presented to the QI Team

composed of the Medical Director, DON,

ADON, Administrator, Restorative Nurse,

DEPARTMENT OF HEALTH AND H. AN SERVICES PRINTED: 08/05/2011 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 445047 08/03/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 306 W DUE WEST AVE IMPERIAL GARDENS HEALTH AND REHABILITATION MADISON, TN 37115 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 315 | Continued From page 20 MDS Nurse, Therapy Manager, Dming F 315 Activity Manager. Manager. Nurse Educator, Medical Records and Human Observation and interview on August 2, 2011, at Resources Manager at the QI meetings held 8:00 a.m., revealed the resident lying in bed. monthly but no less than quarterly. neatly dressed and watching television. Interview at that time revealed, "I can now ambulate with my walker in PT (Physical Therapy). I am so happy." Interview with the resident on August 2, 2011, at 9:00 a.m., in the resident's room, revealed, "I know when I have to go (void), but sometimes I cannot hold it " Medical record review revealed no documentation the Bladder Assessment had been completed. Interview with the Team Leader (Nurse Manager) F 323 on the West Hall, on August 2, 2011, at 11:00 Residents will receive adequate supervision a.m., at the nursing station, confirmed the and assistance devices to prevent accidents. resident had not been assessed for bladder retraining. A self release seat belt was replaced for F 323 483.25(h) FREE OF ACCIDENT resident # 9 the morning of August 2, 2011 F 323 SS=E | HAZARDS/SUPERVISION/DEVICES by the Team Leader and the IDON verified its placement. The facility must ensure that the resident environment remains as free of accident hazards The pressure pad for resident # 14 was as is possible; and each resident receives immediately placed in the recliner on adequate supervision and assistance devices to August 2, 2011 by the Team Leader. The prevent accidents. nursing staff present were informed by the IDON that the pressure pad it to be in whatever chair the resident is using. On August 1, 2011 resident # 12 was This REQUIREMENT is not met as evidenced immediately gotten out of bed by the Team Leader and nurse aide and put in a

Based on medical record review, observation,

and interview, the facility failed to ensure safety

devices were in place for five (#9, #14, #12, #13,

wheelchair with a pressure pad alarm. The

alarm on her bed was then fixed by

maintenance and is now working.

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F 323	The findings included Resident #9 was act September 11, 200 Urinary Tract Infect and Senile Demention Medical record reviet dated June 8, 2011 high risk for falls. Medical record reviet dated July 11, 2011 have a self-release wheelchair due to underevaled the resident for the resident's room, wheelchair belt in plots of the resident's room, wheelchair belt in plots of the resident's room self-release wheelch Resident #14 was a March 27, 2009, with Fractured Femur, Al Diabetes. Medical record reviet on July 6, 2011, revent	mitted to the facility on B, with diagnoses including on, Congestive Heart Failure, a. Ew of the fall risk assessment revealed the resident was at ew of a physician's order, revealed the resident was to belt applied when in the insteadiness. Let 2, 2011, at 8:15 a.m., at seated in a wheelchair, in without the self-release ace. Let you on August 2, 2011, at insed Practical Nurse (LPN) ident seated in a wheelchair, in, and confirmed the mair belt was not in place. Idmitted to the facility on a diagnoses including the imer's Disease, and we of the Care Plan reviewed caled	F 323	On August 2, 2011 resident to observation by the surveyor indepressure pad was in the wheelchal alarm in the "on" position. Resident makes alarm remains in place and is work with another piece of dycem by Leader Nurse. On August 16, 2011, all team lead were inserviced by IDON, and Nurse Educator regarding assistive being on the resident appropriatemed "on" when applicable, so adequate supervision to prevent the began the one hundred percent education was completed with aides and licensed staff on August New or returning licensed staff including licensed agency staff with education on the assistive devices working on the units by the Nurse IDON or designee. Residents with existing assistive decidentified by the Restraints/Physical generated from ECS. This form so residents using physical restrates assistive devices. The Team Lead pulls this report form daily and visual checks throughout the day to appropriate restraints or assistive decidenting order Restraint/Physical form is given IDON or designee daily indicating indicating indicating discussions and in working order Restraint/Physical form is given IDON or designee daily indicating indicating indicating indicating discussions.	# 17 was licated the ir with the dent # 17's cing. s replaced the Team der nurses LPN, and we devices ately and afety and falls. This ucation to rse aides. all nurse 30, 2011. members all receive a prior to Educator, evices are tall forms shows all aints or ler Nurse conducts to assure evice are to the point all the point	
:	"Trauma-FallsAs	ssure pressure pad alarm is in g when in bed and chair"	:	residents with assistive devices hat on and in the "on" position if ap	we them	

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F 323	revealed the reside resident's room, wit place. Observation and intactor of the resident's room, with Resident's room, an alarm was not in place. Resident #12 was a January 15, 2010, and Depressive Disorder Arteriosclerotic Der Accident. Medical record revidated June 18, 2011 at high risk for falls. Medical record revidated July 18, 2011 history of falls. Medical record revidated July 18, 2011 history of falls. Medical record revidated July 18, 2011 history of falls. Medical record revidated July 18, 2011 history of falls. Medical record revidated July 18, 2011 history of falls.	gust 2, 2011, at 9:55 a.m., nt seated in a recliner, in the shout a pressure pad alarm in terview, on August 2, 2011, at egistered Nurse (RN) #1, nt seated in a recliner, in the disconfirmed the pressure pad ace. admitted to the facility on with diagnoses including Major er, Hypertension, mentia, and Cerebrovascular ew of a falls risk assessment 1, revealed the resident was ew of the Minimum Data Set , revealed the resident had a sew of the physician's sidated August, 2011, re pad alarm when in bed	F 323	The report indicates that these of been checked by the RN/LPN day. The results of the assistive device given to the IDON. The IDON then tracks and trends these reviews the overall effectiven system and for resident outcorresults of this tracking and to presented to the QI Team comp Medical Director, DON, Administrator, Restorative Nonurse, Therapy Manager, Dining Activity Manager, Nurse Educat Records and Human Resources the QI meetings held monthly than quarterly.	during that es audits are or designee results and less of the mes. The rending are loosed of the ADON, lirse, MDS g Manager, lor, Medical Manager at	

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DEPARTMENT OF HEALTH AND H. **N SERVICES** FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 445047 08/03/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 306 W DUE WEST AVE IMPERIAL GARDENS HEALTH AND REHABILITATION MADISON, TN 37115 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 323 | Continued From page 23 F 323 Interview on August 1, 2011, at 8:35 a.m., with RN #2, in the resident's room, confirmed the pressure pad alarm cord was not attached to the alarm box. Resident #17 was admitted to the facility on March 27, 2011, with diagnoses including Dementia, Osteoporosis, Seizures, Hypertension, BiPolar Disease, and Degenerative Disk Disease. Medical record review of the Minimum Data Set dated June 16, 2011, revealed the resident required no assistance with decision making, had short term memory problems, and required moderate assistance with transfers Review of the Physician's Orders dated March 22, 2011, revealed, "Pressure pad alarm when in a chair, when in bed for safety unassisted transfer attempts." Review of the facility's documentation dated March 26, 2011, revealed, "...Resident was seated in wheelchair across from station and was observed to have eyes closed and leaning forward and falling forward out of wheelchair...alarm sounding... a scrape to the left knee." Review of the facility's documentation revealed dycem was placed in the wheelchair on March 27, 2011. Review of a nursing note dated June 20, 2011, at 6:05 p.m., revealed, "...found on floor up against wall on back...Call light was on. Bed alarm was not plugged in. Resident had been out for a procedure today and alarm was not plugged back in at the time of arrival to the unit...Resident noted

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to have a large hematoma on back of head, no laceration, hematoma approximately 4 inches in lengthFirst Aide; Emergency Room" Review of a nursing note dated June 20, 2011, at 11:33 p.m., revealed the resident was returned to the facility, with no new orders. Observation on August 2, 2011, at 4:00 p.m., revealed the resident sitting in a wheelchair, in the hall, with the pressure pad alarm in wheelchair and turned to the on position. Interview with the Team Leader of the west hall, on August 2, 2011, at 3:30 p.m., at the nursing station, confirmed the pressure pad alarm was not plugged in, at the time, of the fall on June 20, 2011. Resident #13 was admitted to the facility on August 7, 2009 with diagnosis including Closed Fracture of Neck of Femur, Senile Dementia, and Parkinson's Disease. Medical record review of the Minimum Data Set dated April 5, 2011, and July 18, 2011, revealed the resident required extensive assistance with one person physical assistance for bod mobility and transfer; did not ambulate in the room or corridor, required limited assistance with one person physical assistance for locomotion; and had experienced two or more falls without injury. Medical record review of the August 2011 Recapitulation Orders revealed "Apply dycem in wic (wheelchair) for safety AM (morning) PM (evening) and NOC (at night) first date Dar30/10"	F 323	to have a large her laceration, hemator lengthFirst Aide; Review of a nursing 11:33 p.m., revealed the facility, with no Observation on Augrevealed the reside the hall, with the provided the hall, with the provided the hall, with the Ton August 2, 2011, station, confirmed to not plugged in, at the 2011. Resident #13 was a August 7, 2009 with Fracture of Neck of Parkinson's Diseas Medical record revidated April 5, 2011, the resident require one person physical and transfer; did no corridor; required limperson physical asshad experienced two Medical record revided (wheelchair) for (evening) and NOC (evening) and NOC	natoma on back of head, no me approximately 4 inches in Emergency Room" g note dated June 20, 2011, at ad the resident was returned to new orders. gust 2, 2011, at 4:00 p.m., and sitting in a wheelchair, in essure pad alarm in ned to the on position. Team Leader of the west hall, at 3:30 p.m., at the nursing the pressure pad alarm was ne time, of the fall on June 20, admitted to the facility on a diagnosis including Closed Femur, Senile Dementia, and e. Tew of the Minimum Data Set and July 18, 2011, revealed dextensive assistance with all assistance for bed mobility that ambulate in the room or mited assistance with one sistance for locomotion; and no or more falls without injury. Tew of the August 2011 ers revealed "Apply dycem in a safety AM (morning) PM	F 323			

PRINTED: 08/05/2011 DEPARTMENT OF HEALTH AND H **AN SERVICES** FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 445047 08/03/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 306 W DUE WEST AVE IMPERIAL GARDENS HEALTH AND REHABILITATION MADISON, TN 37115 SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) F 323 Continued From page 25 F 323 Medical record review of the care plans dated April 20, 2011, and July 20, 2011, and the Certified Nurse Aide care plan posted on the interior of the resident's closet revealed a problem of "...Trauma-Falls...Related to: Decline in functional status...History of falls, senile dementia, and over reaches for items without calling staff to assist...All Staff: Resident to have dycem to w/c to prevent sliding from w/c..." Observation and interview, with Licensed Practical Nurse (LPN) #3, on August 2, 2011, at 2:34 p.m., revealed the resident in the resident's room seated in the wheelchair. Further observation revealed LPN #3 and Certified Occupational Therapy Assistant (COTA) #1 assisted the resident to a standing position. Upon removal of the wedge cushion observation revealed no dycem in the wheelchair. Interview with LPN #3 and COTA #1 on August 2. 2011, at 2:34 p.m., in the resident's room, confirmed the dycem was not in the wheelchair as ordered by the physician and per the care F 371 Equipment will be maintained in a sanitary plan. F 371 manner. 483,35(i) FOOD PROCURE. F 371 STORE/PREPARE/SERVE - SANITARY SS=D The microwave, can opener slot blade, floor The facility must mixer and legs to the floor mixer have been cleaned by the dietary staff and are absent of Procure food from sources approved or considered satisfactory by Federal, State or local debris. authorities; and (2) Store, prepare, distribute and serve food A new cleaning schedule has been established (Attachment 12) under sanitary conditions On August 18, 2011 in-services were provided by the Dietary Manager to all dictary staff regarding the new cleaning

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F 371	This REQUIREMENT by: Based on observational dietary department in a sanitary manner. The findings included Observation on Augam., with the Certif Assistant Dietary M following: 1. The interior surfidired splattered deta August 2, 2011, at 10 of the microwave has present. 2. The can opener area had a heavy a debris. 3. The floor mixer of the mixer beater are of white dried debris revealed the mixer beater are of white dried debris revealed the mixer beater area had a heavy and the mixer beater area of white dried debris revealed the mixer beater area of white dried splattered accumulation of white dried splattered confirmed the can decontact area had a sticky debris. Furth	ion and interview, the facility failed to maintain equipment er. ed: gust 1, 2011, beginning at 8:25 fed Dietary Manager and anager present, revealed the eace of the microwave had oris present. Observation on 7:30 a.m., revealed the interior ad dried spiattered debris slot, blade and blade contact occumulation of black, sticky was covered with plastic. The cover observation revealed in had an area with a build-up each had a heavy	F 371	schedule. Any new or return associates or agency persons trained on this new cleaning sch Dietary Manager or designe working. The Dietary Manager or de visually monitor for the clean equipment daily X 4 weeks, the 3 weeks (Attachment 13). If it be unsanitary, it will be cleaned by the Dietary Manager or de tracks and trends these results the overall effectiveness of the for cleanliness. The results of and trending are presented to the composed of the Medical Dirak ADON, Administrator, Restor MDS Nurse, Therapy Managed Educator, Medical Records Resources Manager at the QI monthly but no less than quarter	esignee will iness of the en weekly X t is noted to immediately nee. signee then and reviews system and this tracking he QI Team ector, DON, ative Nurse, ger, Dining er, Nurse and Iluman ectings held	

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F 371	build-up of white dr	nge 27 her interview confirmed the arm had an area with a lied debris and the mixer legs hulation of white debris.	F 371				
	August 2, 2011, at	Certified Dietary Manager on 7:30 a.m., confirmed the had dried splatter debris	61				
F 441 SS=D	483.65 INFECTION SPREAD, LINENS	CONTROL, PREVENT	F 441	appropriately			
	safe, sanitary and o	tablish and maintain an ogram designed to provide a comfortable environment and development and transmission ction.		The ADON instructed the Tean Nurse of resident # 6 to re-clean a PEG tube with wound (antimicrobial) and reapply ointment to PEG tube on the question.	cleanser bacitracin		
	(1) Investigates, co in the facility; (2) Decides what preshould be applied to (3) Maintains a reco	tablish an Infection Control ch it - ntrols, and prevents infections rocedures, such as isolation, o an individual resident; and ord of incidents and corrective		Upon notification to Nursing admiby the survey team of the error, the following was immediately remonsible administering further treatments: placed on suspension pending a investigation. She was terminal August 8, 2011.	ved from She was		
!	determines that a reprevent the spread isolate the resident. (2) The facility must communicable dise from direct contact direct contact will to	ad of Infection ion Control Program esident needs isolation to of infection, the facility must t prohibit employees with a ase or infected skin lesions with residents or their food, if		On August 31, 2011, after almost a observation resident # 6's phys determined there have been infections related to this incide conversation with the IDON. The Nurse Educator or designed service all employees regarding prowashing techniques, including be after donning gloves, on or befor 24, 2011. Any new, or returning employee or agency staff wi	on skin on ski		

PRINTED: 08/05/2011 DEPARTMENT OF HEALTH AND HE AN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 445047 08/03/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 306 W DUE WEST AVE IMPERIAL GARDENS HEALTH AND REHABILITATION MADISON, TN 37115 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) serviced prior to working on the units or in Continued From page 28 F 441 their designated areas. hands after each direct resident contact for which hand washing is indicated by accepted The staff will be monitored for appropriate professional practice. hand washing techniques by the IDON, Nurse Educator and/or Team Leaders (c) Linens weekly X 4, then monthly X 3, Personnel must handle, store, process and Additionally, all staff will be monitored transport linens so as to prevent the spread of visually to ensure hands are washed when infection. appropriate. Results of these monitors will be given to the Nurse Educator. The Nurse Educator or This REQUIREMENT is not met as evidenced designee tracks and trends these results and by: reviews the overall effectiveness and Based on observation, facility policy review, and outcomes of the system. The results of this interview, the facility failed to ensure staff tracking and trending are presented to the QI appropriately wash the hands after application of Team composed of the Medical Director, antibiotic ointment for one (#6) of twenty-nine DON, ADON, Administrator, Restorative residents reviewed. Nurse, MDS Nurse, Therapy Manager, Dining Manager, Activity Manager, Nurse The findings included: Educator, Medical Records and Human Resources Manager at the OI meetings held Observation on August 2, 2011, at 7:52 a.m., monthly but no less than quarterly. revealed Licensed Practical Nurse (LPN) #6 applied gloves, administered medications to resident #6 through a feeding tube, and flushed the feeding tube with water. Continued observation revealed LPN #6 removed the gloves and without washing the hands, applied fresh gloves, removed a gauze pad from the feeding tube site and applied antibiotic ointment to the feeding tube site with a gloved finger of the right hand. Continued observation revealed LPN #6 changed the glove on the right hand without washing or sanitizing the hands, and reconnected the resident's tube feeding. Review of the facility's policy Hand Hygiene revealed "... Hand hygiene is generally considered

PRINTED: 08/05/2011 DEPARTMENT OF HEALTH AND HL **.N SERVICES** FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 445047 08/03/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 306 W DUE WEST AVE IMPERIAL GARDENS HEALTH AND REHABILITATION MADISON, TN 37115 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 441 Continued From page 29 F 441 the most important single procedure for preventing healthcare-associated infections...Although antiseptics and other handwashing agents do not sterilize the skin, they can reduce microbial contamination..." Review of the facility's policy Using Gloves revealed "...Wash hands before applying and after removing gloves. Gloves do not replace hand hygiene...' Interview on August 2, 2011, at 8:15 a.m., with LPN #6, in the resident's room, confirmed the hands were not washed after applying antibiotic ointment to the resident's feeding tube site, and confirmed the hands were not washed each time the gloves were removed prior to applying fresh gloves.